

## Alternative Benefit Plan

State Name: **Idaho** Attachment 3.1-L-\_\_

OMB Control Number: 0938-1148

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### Voluntary Enrollment Assurances for Eligibility Groups other than the Adult Group under Section 1902(a)(10)(A)(i)(VIII) of the Act.

**ABP2b**

These assurances must be made by the state/territory if the ABP Population includes any eligibility groups other than or in addition to the Adult eligibility group.

When offering voluntary enrollment in an Alternative Benefit Plan (Benchmark or Benchmark-Equivalent), prior to enrollment:

☒ The state/territory must inform the individual that they are exempt and the state/territory must comply with all requirements related to voluntary enrollment.

☒ The state/territory assures it will effectively inform individuals who voluntary enroll of the following:

- a) Enrollment is voluntary;
- b) The individual may disenroll from the Alternative Benefit Plan at any time and regain immediate access to full/standard state/territory plan coverage;
- c) What the process is for disenrolling.

☒ The state/territory assures it will inform the individual of:

- a) The benefits available under the Alternative Benefit Plan; and
- b) The costs of the different benefit packages and a comparison of how the Alternative Benefit Plan differs from the approved Medicaid state/territory plan.

How will the state/territory inform individuals about voluntary enrollment? (Check all that apply)

☒ Letter

Mail

Other:

Provide a copy of the letter, email text or other communication text that will be used to inform individuals about voluntary enrollment.

**An attachment is submitted.**

When did/will the state/territory inform the individuals?

Idaho Medicaid has a postcard for participants that have enrolled in the MMCP ABP to notify them of their eligibility for the Medicare Medicaid Coordinated Plan (MMCP), a voluntary MCO. With the October 2018 approval of a concurrent 1915(b) waiver ("Idaho Medicaid Plus"), participants that have enrolled in the MMCP ABP and reside in a county with two or more participating health plans, and that are not already enrolled in the MMCP, will be required to select a health plan to administer their Medicaid benefits.

On January 1, 2020, Idaho Medicaid will mail letters to dual eligible participants residing in a county with only one participating health plan (Blue Cross of Idaho) that they will be enrolled in the voluntary MMCP effective April 1, 2020. The letters will explain that they may opt out of the MMCP by contacting the Duals Beneficiary Support Specialist [(833) 814-8568] or by returning the opt out form included with the letter. Participants will have 90 days to opt out of the MMCP and return to Fee-For-Service coverage in these counties. For 2020, the counties with only one participating health plan are Adams, Benewah, Clark, Gooding, Jerome, Latah, Shoshone, Valley, and Washington.

Please describe the state/territory's process for allowing voluntary enrolled individuals to disenroll.

For the voluntary [MMCP](#) program [in counties with mandatory enrollment](#), Individuals can notify the Plans directly or they can call the Department’s Duals Beneficiary [Support](#) Specialist at (833) 814-8568.

[For the voluntary MMCP program in counties with voluntary enrollment, Individuals can call the Department’s Duals Beneficiary Support Specialist at \(833\) 814-8568 or return the opt out form provided with the letter informing of their enrollment in the MMCP.](#)

The state/territory assures it will document in the exempt individual’s eligibility file that the individual:

- a) Was informed in accordance with this section prior to enrollment;
- b) Was given ample time to arrive at an informed choice; and
- c) Voluntarily and affirmatively chose to enroll in the Alternative Benefit Plan.

Where will the information be documented? (Check all that apply.)

☐ In the eligibility system.

☐ In the hard copy of the case record.

☒ Other:

Describe: **In the MMIS.**

What documentation will be maintained in the eligibility file? (Check all that apply.)

☐ Copy of correspondence sent to the individual.

☒ Signed documentation from the individual consenting to enrollment in the Alternative Benefit Plan.

☐ Other:

☒ The state/territory assures that it will maintain data that tracks the total number of individuals who have voluntarily enrolled in an Alternative Benefit Plan and the total number who have disenrolled.

Other information Related to Enrollment Assurances for Voluntary Participants (optional):


